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ABSTRACT

Intravenous (IV) drug abusers are at risk for contracting transmittable diseases such as acquired immunodeficiency syndrome (AIDS) and hepatitis B. This study was conducted to investigate the prevalence of risk behaviors for acquiring and transmitting AIDS and hepatitis B among treatment-seeking drug abusers (N=168). Subjects participated in a structured interview conducted by a clinical psychologist and a drug counselor which focused on drug use, needle sharing, and sexual behavior. Exposure to disease was assessed by testing blood samples. The majority of the subjects reported intravenous drug use; 65% of IV users reported needle sharing during the past year. Sharing was restricted to three or fewer people by the majority of sharers, and sharing often took place in places where users were less likely to share with a stranger. Significantly, 17.6% of subjects reported ceasing needle sharing over one year ago, suggesting that drug abusers can modify their health risk behaviors. Subjects reported few sexual partners and minimal homosexual contact. Only one blood sample tested positive for AIDS, perhaps due to the subjects' selectivity in sharing and their limited mobility. Thirty-one percent of the samples tested positive for current or past hepatitis B exposure. Educating drug abusers in treatment programs may result in dissemination of critical information about transmittable diseases to other drug abusers. (NB)

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ASSESSMENT OF AIDS RISK AMONG TREATMENT SEEKING DRUG ABUSERS

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Intravenous (IV) drug abusers are at risk for contracting transmittable diseases, such as acquired immunodeficiency syndrome (AIDS), and hepatitis B. In fact, IV drug users are the second largest group at risk for AIDS, accounting for 17% of AIDS cases. These diseases are transmitted sexually, or by a common practice of IV drug abusers, needle sharing. The purpose of this study was to investigate the prevalence of risk behaviors for acquiring and transmitting AIDS and hepatitis B among treatment seeking drug abusers. Exposure to these disease was assessed by testing blood samples.

Method

Subjects: Participants were 168 drug abusers admitted to an inpatient drug treatment program. The subjects had a mean age of

34.3 years (range=20-64, S.D.=7.3), and were predominantly black (53% black, 38.7% white, 6.5% Hispanic). The majority (86%) reported IV drug use. The drugs primarily used by the subjects were opiates (19.2%), cocaine (22.6%), opiates and cocaine in combination (16%), amphetamines (16%), marijuana (4.8%), and other combinations (10.1%).

Data Collection: After the subjects agreed to participate and signed the consent form, they participated in a structured interview conducted by a clinical psychologist and a drug counselor. The interview focused on drug use, needle sharing, and sexual behavior. Blood samples were drawn by a physician, and were later tested for exposure to hepatitis B and HIV.

Dependent Measures:

a. Needle sharing - Data was collected on the following aspects of the subject's needle sharing during the past year:

(1) Total number of times shared,
(2) Total number of people shared with,
(3) Types of setting in which sharing occurred,
(4) Geographical locations in which sharing occurred,

b. Sexual behavior - Data was collected on the number of sexual partners (male and female) and number of contacts with prostitutes (male and female) over the past year.

c. Hepatitis B and AIDS exposure - Hepatitis B exposure was investigated using Hep Bs Ag, and HIV exposure was determined using ELISA, and western blot for confirmation.

Results

The majority (86%) of the subjects reported IV drug use. Among the IV users, 65.1% reported needle sharing during the past year, 17.6% reported sharing in the past but ceasing the practice over one year ago, and 26.3% denied ever sharing. Needle sharing frequency ranged from 1-500 times. Sharing five or fewer times was reported by 29.6%, 6-10 times by 9.8%, 11-15 times by 2.5%, and 20 or more times by 58% of the sharers.

The majority of sharers (54.2%) reported sharing with 1-3 different people, and 74% reported sharing with 1-5 different people over the past year. Needle sharing occurred most often in well known places, with 41% of subjects reporting sharing only in their own home or a friend's home. However, 25% of subjects reported sharing in "dope houses" or "shooting galleries" during

the past year. The subjects also restricted their needle sharing geographically, with 82.9% sharing in only one city, and an additional 14.5% sharing in two cities.

The subjects reported few sexual partners. Numbers of female sexual partners were as follows: none (7.4%), one (28.4%), two (14.9%), three (17.6%), four (6.1%), and five or more (25.6%). The subjects reported minimal homosexual contact, with only four subjects doing so. Contact with female prostitutes was reported by 14.3% of the participants, and the number of contacts ranged from 1-15, (M=3.3).

Only one blood sample tested positive for HIV exposure, and this sample was confirmed to be positive using western blot. However, 31% of the samples were positive for current or past hepatitis B exposure.

A regression analysis was conducted to determine predictors of exposure to hepatitis B. Exposure to AIDS could not be used as a health consequence, as only one sample was positive. Hepatitis B exposure was predictable using the following variables: (1) duration of drug use, (2) duration since first sharing, (3) total number of people shared with in past year, (4) total number of times shared during past year, number of cities shared in, and drug of choice ($r=.435$, $R^2.189$).

Discussion

The results confirm previous findings that needle sharing is a common practice among IV drug users (Black et al., 1986). While sharing is practiced by the majority of IV users, the data indicates drug users show some caution. Sharing was restricted to three or fewer people by the majority of sharers, and sharing often took place in places where they were less likely to share with a stranger with an unknown drug use and sharing history. Significantly, 17.6% of subjects reported ceasing needle sharing over a year ago, indicating drug abusers can modify their health risk behavior. This is in contrast to recent suggestions that drug users are resistant to educational interventions and unable to change their behavior (Osborn, 1986).

An important finding was the low rate of AIDS infection in spite of needle sharing. This may be due to their selectivity in sharing and limited mobility. Since the bast majority (82.9%) shared in only one city, they may be less likely to contact another IV user from an area where the AIDS infection rate is much higher, e.g., New York City.

These results are limited to treatment seeking drug abusers. However, these findings can be used to structure AIDS educational interventions for drug abusers. Drug abuse treatment programs are in a unique position to disseminate health risk information, as they are the only approximation to a support system for drug

abusers (Drucker, 1986). Educating drug abusers in treatment programs may result in dissemination of this critical information to drug abusers who are not enrolled in treatment programs. These facilities may provide society's only opportunity to provide these individuals with a formal educational program concerning AIDS and other related health issues associated with needle sharing.

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